Maternal Health Accountability Act

Women in the United States have a greater risk of dying from pregnancy-related complications than women in 47 other countries. Help reverse this trend by advocating for the Maternal Health Accountability Act (MHAA).

**LEARN** about the MHAA, a bill that would make grants available to states to establish a maternal mortality review committee or expand the efforts of existing committees.

**READ** the legislative language.

**VIEW** AWHONN’s letter of support for the legislation.

**CHECK** to see if your Representative supports the MMHA.

**WRITE** a letter to your Member of Congress in support of the MHAA using our template.

**VISIT** Consider meeting with your Member of Congress to explain why the MHAA is so important. Use AWHONN’s pointers to prepare for the meeting.

**ASK** If you have questions or need more information, contact Kerri Wade at kwade@awhonn.org.
Co-Sponsor the Maternal Health Accountability Act of 2014

WHAT'S THE PROBLEM?

Women in the United States have a greater risk of dying from pregnancy-related complications than women in 47 other countries. In the last 25 years, the U.S. maternal mortality rate has doubled. Although this increase can be partially attributed to improved data collection methods, the high rate of deaths and the precipitous rise relative to other high resource countries are cause for serious concern.

For low-income women and women of color the odds of dying in childbirth are significantly greater. Pregnant women in low-income communities are twice as likely to die giving birth as women in higher-income areas. African-American women face three to four times the risk of dying from a birth- or pregnancy-related complication compared to their Caucasian peers. This disturbing disparity holds true across all educational and income levels.

The Centers for Disease Control and Prevention has found that deaths related to pregnancy and childbirth should be investigated through State-based maternal mortality review committees. These committees identify the reasons why women die or are seriously harmed during pregnancy or childbirth; identify opportunities for improvement in quality of care and system changes; educate and inform health institutions and professionals, women, and families about preventing pregnancy-related deaths; and to develop appropriate interventions to reduce and prevent such deaths.

Without maternal mortality review committees in place, we will not fully understand why women are dying and how to best prevent their deaths. About half of all states currently have a maternal mortality review committee.

ABOUT THE LEGISLATION

The Maternal Health Accountability Act would make grants available to states to establish a maternal mortality review committee or expand the efforts of existing committees. It also establishes a process for confidential reporting of pregnancy-related and pregnancy-associated deaths. Finally, the bill would provide for a national workshop to identify definitions for severe maternal morbidity and make recommendations for a research plan to identify and monitor severe morbidity.

Supporting organizations include: American Academy of Ambulatory Care Nursing; American Academy of Nursing; American Association of Critical-Care Nurses; American College of Nurse-Midwives; American Congress of Obstetricians and Gynecologists; American Nurses Association; American Organization of Nurse Executives; American Pediatric Surgical Nurses Association; Amnesty International USA; Association of Public Health Nurses; Association of Women’s Health, Obstetric and Neonatal Nurses; Centering Healthcare Institute; Lamaze International; Maternally Yours; Midwives Alliance of North America; National Association of Hispanic Nurses; National Partnership for Women & Families; Public Health Nursing Section, American Public Health Association; Safe Motherhood Quilt Project; Society for Maternal-Fetal Medicine; and Society for Women’s Health Research.

To co-sponsor the legislation, contact Rinia Shelby at: rinia.shelby@mail.house.gov.
Schedule a Meeting with Your Members of Congress

Nurses are trusted health care experts. One way for you to affect change in the health care system is to become involved in national advocacy efforts. By speaking out on behalf of women and newborns, you can serve as a valuable source of information for your elected leaders.

If you can’t get to Washington DC, you can – and should – still participate in the legislative process. Members of Congress return to their districts on a regular basis throughout the year. In general, they leave Washington DC for religious and federal holidays, as well as the month of August. Regardless of the location, a face-to-face meeting makes your issue more memorable. Remember, you can make a difference!

BEFORE YOU BEGIN

- Identify your federal elected officials by visiting the AWHONN Legislative Action Center. Enter your zip code in the white box and click “Go.”

- Visit the individual web pages of your Members of Congress for a list of all of their offices. Identify the office location that is best suited to your needs and call it. Identify yourself as a constituent and a nurse, and ask to speak to the scheduler to set-up a meeting.

- Once connected to the scheduler, again identify yourself as a constituent and a nurse, and say that you would like to request a meeting with the Member of Congress to discuss “XYZ.” Keep your request to one specific issue (e.g., maternal mortality).

- Consider going to the meeting with a small team of nurses to better drive home your key messages.

PREPARE FOR THE MEETING

- Once you have scheduled an appointment, please contact Kerri Wade at kwade@awhonn.org or 202-261-2427 for talking points and the most up-to-date status on this legislation.

- Browse your legislator’s website. It will feature key policy initiatives, a biography, Committee assignments, and recent speeches.

AT THE MEETING

- Members of Congress have very full schedules. Keep in mind:
  
  - If you are even a few minutes late, you may miss an opportunity to meet. Plan to arrive 5 – 10 minutes early.
• You will likely have no more than 15 minutes with the legislator. Be polite and succinct.

• Schedules change. Be flexible.

• You may meet with the legislator’s aide. This is fairly common; do not be disappointed. These aides are experts in their respective fields and advise the legislator how to vote.

  ▸ Bring your business card to the meeting. Exchange cards with each of the meeting participants.

  ▸ Remember to use stories from your experience with patients to highlight your key messages.

  ▸ If you are asked a question and you do not know the answer, it is best to say, “I don’t know, but I will find out and get back to you.”

  ▸ Ask if the legislator is hosting any nearby roundtables on health care issues or town hall forums. Consider attending.

  ▸ Don’t be shy. Ask to take a photo with the legislator.

**AFTER THE MEETING**

  ▸ Follow up after the meeting with a quick email, thanking the participants for their time. Offer yourself as a resource in the future.

  ▸ Maintain the relationship with the legislator by attending town hall meetings or other forums where you will have an opportunity to interact.

  ▸ Consider a follow-up meeting(s).
March 10, 2014

The Honorable John Conyers, Jr.  The Honorable Diana DeGette
United States House of Representatives United States House of Representatives
2426 Rayburn House Office Building 2368 Rayburn House Office Building
Washington, DC 20515 Washington, DC 20515

Dear Representatives Conyers and DeGette:

On behalf of the 21 undersigned organizations committed to the health of women and their families, we write to thank you for introducing the Maternal Health Accountability Act. This legislation would provide funding to states to establish maternal mortality review committees. These committees identify the reasons why women die or are seriously harmed during pregnancy and childbirth, and analyze the findings to inform change. The bill would also standardize definitions and data collection protocols that are critical to understanding maternal morbidity and mortality.

The U.S. maternal mortality rate has doubled in the past 25 years. Although this increase can be partially attributed to improved data collection methods, the high rate of deaths and the precipitous rise relative to other high resource countries are cause for serious concern. For low-income women and women of color, the odds of dying in childbirth are significantly greater. Pregnant women in low-income communities are twice as likely to die giving birth as women in higher-income areas. African-American women face three to four times the risk of dying from a birth- or pregnancy-related complication compared to their Caucasian peers. This disturbing disparity holds true across all educational and income levels.

Women are the cornerstone of a prosperous and healthy community making the death or serious injury of a woman during pregnancy or childbirth a tragedy for her baby, family and for society as a whole. It is critical that we better understand these issues, so we can prevent them from taking place in the future.

We applaud your leadership in maternal health and health disparities and stand ready to work with you to achieve passage of the Maternal Health Accountability Act. If you wish to draw upon our assistance, please do not hesitate to contact, Kerri Wade at: kwade@awhonn.org.

Sincerely,

American Academy of Ambulatory Care Nursing
American Academy of Nursing
American Association of Critical-Care Nurses
American College of Nurse-Midwives
American Congress of Obstetricians and Gynecologists
American Nurses Association
American Organization of Nurse Executives
American Pediatric Surgical Nurses Association
Amnesty International USA
Association of Public Health Nurses
Association of Women’s Health, Obstetric and Neonatal Nurses
Centering Healthcare Institute
Lamaze International
Maternally Yours
Midwives Alliance of North America
National Association of Hispanic Nurses
National Partnership for Women & Families
Public Health Nursing Section, American Public Health Association
Safe Motherhood Quilt Project
Society for Maternal-Fetal Medicine
Society for Women’s Health Research

CC: Rinia Shelby, Rachel Stauffer